

SB0197S01 compared with SB0197

~~{deleted text}~~ shows text that was in SB0197 but was deleted in SB0197S01.

inserted text shows text that was not in SB0197 but was inserted into SB0197S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Todd D. Weiler proposes the following substitute bill:

MEDICAID REIMBURSEMENT RATE AMENDMENTS

2024 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: {} Todd D. Weiler

House Sponsor: { _____ } Stephanie Gricius

LONG TITLE

General Description:

This bill addresses Medicaid ~~{provider}~~ reimbursement rates.

Highlighted Provisions:

This bill:

- ▶ defines terms; and
- ▶ ~~{adds}~~ establishes a budgeting mechanism under which Medicaid reimbursement rates paid to providers for diagnostic and treatment services for autism spectrum disorder ~~{services provider rates to automatic base budget increases that occur when the General Fund growth factor is greater than or equal to 102%.}~~ are equalized with the reimbursement rates paid to providers for similar diagnostic or treatment services, unrelated to autism spectrum disorder, under an ACO or a behavioral health plan.

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Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

26B-3-203, as renumbered and amended by Laws of Utah 2023, Chapter 306

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **26B-3-203** is amended to read:

26B-3-203. Base budget appropriations for Medicaid accountable care organizations, behavioral health plans, and ~~{autism spectrum disorder}~~ carve-out services -- Forecast of behavioral health services cost.

(1) As used in this section:

(a) "ACO" means an accountable care organization that contracts with the state's Medicaid program for:

(i) physical health services; or

(ii) integrated physical and behavioral health services.

(b) "Base budget" means the same as that term is defined in legislative rule.

(c) "Behavioral health plan" means a managed care or fee for service delivery system, including providers of behavioral health carve-out services, as defined in the Utah Medicaid Provider Manual, that contracts with or is operated by the department to provide behavioral health services to Medicaid eligible individuals.

(d) "Behavioral health services" means mental health or substance use treatment or services.

(e) "Carve-out service" means the same as that term is defined in the Utah Medicaid Provider Manual.

~~(f)~~ (ffg) "Diagnosis of autism spectrum disorder" means the same as that term is defined in Section 31A-22-642.

~~(e)~~ (ffg) "General Fund growth factor" means the amount determined by dividing the next fiscal year ongoing General Fund revenue estimate by current fiscal year ongoing

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appropriations from the General Fund.

~~[(f)]~~ ~~(fg)~~h "Next fiscal year ongoing General Fund revenue estimate" means the next fiscal year ongoing General Fund revenue estimate identified by the Executive Appropriations Committee, in accordance with legislative rule, for use by the Office of the Legislative Fiscal Analyst in preparing budget recommendations.

~~[(g)]~~ ~~(fh)~~i "PMPM" means per-member-per-month funding.

~~(fi)~~ "Provider Carve-out reimbursement rate" means the predetermined maximum allowable Medicaid reimbursement rate developed by the division, in accordance with Title 26B, Chapter 3, Part 1, Health Care Assistance, and paid to a provider for services directly providing a carve-out service related to:

~~— (i) the diagnosis of autism spectrum disorder;~~ ~~or~~

~~— (ii) treatment for autism spectrum disorder.~~

~~(fj)~~k "Treatment for autism spectrum disorder" means the same as that term is defined in Section 31A-22-642.

(2) If the General Fund growth factor is less than 100%, the next fiscal year base budget shall, subject to Subsection (5), include an appropriation to the department in an amount necessary to ensure that the next fiscal year PMPM for ACOs and behavioral health plans equals the current fiscal year PMPM for the ACOs and behavioral health plans multiplied by 100%.

(3) If the General Fund growth factor is greater than or equal to 100%, but less than 102%, the next fiscal year base budget shall, subject to Subsection (5), include an appropriation to the department in an amount necessary to ensure that the next fiscal year PMPM for ACOs and behavioral health plans equals the current fiscal year PMPM for the ACOs and behavioral health plans multiplied by the General Fund growth factor.

(4) If the General Fund growth factor is greater than or equal to 102%, the next fiscal year base budget shall~~[-];~~:

(a) subject to Subsection (5), include an appropriation to the department in an amount necessary to ensure that the next fiscal year PMPM for ACOs and behavioral health plans is greater than or equal to the current fiscal year PMPM for the ACOs and behavioral health plans multiplied by 102% and less than or equal to the current fiscal year PMPM for the ACOs and behavioral health plans multiplied by the General Fund growth factor~~[-]; and~~

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(b) (i) subject to Subsection (4)(c), include an appropriation to the department in an amount necessary to ensure that each carve-out reimbursement rate in the next fiscal year {provider rate for autism spectrum disorder services} is:

(~~ii~~) A) higher than the {current fiscal year provider rate for autism spectrum disorder services multiplied by 102%}; and

(~~ii~~) ~~carve-out reimbursement rate multiplied by a factor of 102%}; and~~

(B) equal to or lower than the carve-out reimbursement rate applicable in the current fiscal year {provider rate for autism spectrum disorder services } multiplied by the General Fund growth factor; and

(c) for the initial appropriation under Subsection (4)(b)(i), include a one-time additional appropriation in an amount sufficient to substantively equalize each of the carve-out reimbursement rates with a corresponding reimbursement rate paid to providers for providing a substantively same or similar service under an ACO or a behavioral health plan.

(5) The appropriations provided to the department for behavioral health plans under this section shall be reduced by the amount contributed by counties in the current fiscal year for behavioral health plans in accordance with Subsections 17-43-201(5)(k) and 17-43-301(6)(a)(x).

(6) In order for the department to estimate the impact of Subsections (2) through (4) before identification of the next fiscal year ongoing General Fund revenue estimate, the Governor's Office of Planning and Budget shall, in cooperation with the Office of the Legislative Fiscal Analyst, develop an estimate of ongoing General Fund revenue for the next fiscal year and provide the estimate to the department no later than November 1 of each year.

(7) The Office of the Legislative Fiscal Analyst shall include an estimate of the cost of behavioral health services in any state Medicaid funding or savings forecast that is completed in coordination with the department and the Governor's Office of Planning and Budget.

Section 2. **Effective date.**

This bill takes effect on May 1, 2024.